

Appl. No. 10/643787
Amdt. dated May 31, 2005
Reply to Office Action of April 29, 2005

PATENT

222
11

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Truckai, Csaba

Application No.: 10/643787

Filed: August 19, 2003

For: ELECTROSURGICAL WORKING
END FOR CONTROLLED ENERGY
DELIVERY

Customer No.: 20350

Confirmation No. 4790

Examiner: ROANE, AARON F

Technology Center/Art Unit: 3739

RESPONSE TO RESTRICTION
REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed April 29, 2005, please enter the following
amendments and remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this
paper.

Remarks/Arguments begin on page 5 of this paper.

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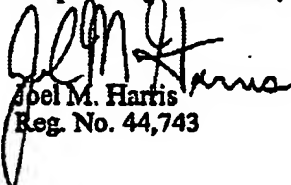
CONCLUSION

In view of the foregoing, Applicants believe all claims now pending in this Application are in condition for allowance. The issuance of a formal Notice of Allowance at an early date is respectfully requested.

If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at 650-326-2400.

It is believed that no fees are due with this response; however, should any fees be required under 37 C.F.R. § 1.16 to 1.21 for any reason, the Commissioner is authorized to charge Deposit Account No 20-1430.

Respectfully submitted,


Joel M. Harris
Reg. No. 44,743

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 650-326-2400
Fax: 415-576-0300
Attachments
JMH:snb
60460500 v1

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10643787

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|---|---------------|--------------|
| TOTAL CLAIMS | 24 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 20 minus 20 = | 0 |
| INDEPENDENT CLAIMS | 2 minus 3 = | 6 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| | | | | | |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | 24 | Minus | 20 | = 4 |
| | Independent | 2 | Minus | 3 | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

(Column 1) (Column 2) (Column 3)

| | | | | | |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

(Column 1) (Column 2) (Column 3)

| | | | | | |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| | |
|-----------|--------|
| RATE | FEE |
| BASIC FEE | 375.00 |
| XS 9= | |
| X43= | |
| +145= | |
| TOTAL | 375 |

| | |
|-----------|--------|
| RATE | FEE |
| BASIC FEE | 770.00 |
| XS18= | |
| X86= | |
| +290= | |
| TOTAL | |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| XS 9= | 100.00 |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| XS18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| XS 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| XS18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| XS 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| XS18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |